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| <b>Utah Medicaid Provider Manual</b>     | <b>Over-the-Counter (OTC) Drug List</b> |
| <b>Division of Health Care Financing</b> | <b>Updated July 2006</b>                |

## OVER-THE-COUNTER DRUG LIST

Coverage of over-the-counter drugs (OTC) is outlined in SECTION 2 of the Pharmacy Manual, Chapter 2 - 4, *Prescribed Over-the-Counter Products*. In summary, OTC's are covered ONLY when (1) on the Medicaid OTC list and (2) ordered on a written prescription. OTC products may also have restrictions indicated on the chart which include the following:

Brand name allowed: Brand names are covered only when so noted.

Generic equivalent only: Only the generic equivalent of the brand is covered.

Limits: Limits and other criteria may be noted after the drug name.

NH: Drugs marked ' N H ' are reimbursable for patients who are residents of a long term care facility such as a nursing home. When the restriction applies to a drug, all dosage forms apply.

NTM: Item is covered under the Non-Traditional Medicaid program.

PCN: Item is covered under the Primary Care Network program.

Rejection for an "unrecognized" NDC code means the product is not covered.

**Use the 11-digit NDC Code for billing.**

| Drug Name   | Brand Covered | Limits  | N H | NTM | PCN |
|---|---------------|---|-----|-----|-----|
| Acetaminophen   |               |   |     | ●   |     |
| Antacid liquid and tablets  |               | - Tums rolls, covered<br>- Tums -500, E-X, and Ultra NOT covered<br>- Mylanta NOT covered |     | ●   |     |
| Aspirin including enteric coated, buffered                              |               |   |     | ●   |     |
| Benadryl  |               | <u>generic equivalent only</u>  | ●   | ●   |     |
| Bisacodyl tablets and suppositories                                     |               |   |     | ●   |     |
| Chlorpheniramine  |               |   | ●   |     |     |
| Citrate of magnesia   |               | 600 ml, maximum   | ●   |     |     |
| Contraceptive creams, foams, tablets, sponges, and condoms              |               |   |     | ●   | ●   |
| Doxylamine Succinate  |               |   | ●   | ●   |     |
| DSS caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt) |               |   |     | ●   |     |
| Famotidine OTC  |               |   | ●   | ●   |     |
| Ferrous gluconate 325mg, sulfate 325mg/elixir, 220mg/5c                 |               | 30 tabs or equivalent   | ●   |     |     |
| Glucose blood test strips   | yes           | e.g. Freestyle, Chemstrip, One-touch, Ultra, etc.   |     | ●   | ●   |
| Gyne-Lotrimin   |               | <u>generic equivalent only</u>  | ●   | ●   |     |
| Hydrocortisone cream, ointment, supp.                                   |               |   | ●   | ●   |     |
| Ibuprofen   |               |   |     | ●   |     |
| Imodium AD  |               | <u>generic equivalent only</u>  |     | ●   |     |
| Insulin   | yes           |   | ●   | ●   | ●   |
| Insulin syringe with needle-disposable                                  |               | 100/month maximum   |     | ●   | ●   |
| Kaolin with pectin suspension   |               |   |     |     |     |
| Lancets   |               | 100/month maximum   |     | ●   | ●   |
| Loratidine (single agent)   | yes           |   | ●   | ●   |     |
| Lotrimin, Lotrimin AF   |               | <u>generic equivalent only</u>  | ●   | ●   |     |
| MAG-CARB  | yes           |   | ●   |     |     |
| Milk of magnesia  |               |   |     | ●   |     |
| Niacin 250mg, 500mg for hyperlipidemia only                             |               | (SR, LA forms not covered)  | ●   |     |     |
| Nix and generic equivalent  | yes           |   | ●   | ●   |     |
| Non-oyster shell calcium tabs   |               | oyster shell not covered  | ●   | ●   |     |
| Pedialyte liquid and generic equivalent                                 | yes           | limited to children through age 10  | ●   |     |     |

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| <b>Drug Name</b>                          | <b>Brand Covered</b> | <b>Limits</b>                  | <b>N H</b> | <b>NTM</b> | <b>PCN</b> |
|---|----------------------|--------------------------------|------------|------------|------------|
| Pepto-Bismol and generic equivalent       | yes                  | Iron formulations not covered  | ●          |            |            |
| Poly Vi Sol                               |                      |                                | ●          |            |            |
| Prilosec OTC                              |                      |                                | ●          | ●          |            |
| Prophylactics, male, female               | yes                  |                                |            |            |            |
| Pseudoephedrine HCL 30mg, 60mg            |                      |                                | ●          | ●          |            |
| Psyllium muciloid powder                  |                      |                                | ●          | ●          |            |
| Rid and generic equivalents               | yes                  |                                | ●          | ●          |            |
| Robitussin DM                             |                      | <u>generic equivalent only</u> | ●          | ●          |            |
| Robitussin                                |                      | <u>generic equivalent only</u> | ●          | ●          |            |
| Senokot 8.6mg tab                         |                      | <u>generic equivalent only</u> | ●          |            |            |
| Tri Vi Sol                                |                      |                                | ●          |            |            |
| Triaminic(s)                              | yes                  |                                | ●          | ●          |            |
| Triple antibiotic ointment 15gm           |                      |                                | ●          | ●          |            |
| Urine tests                               | yes                  |                                |            |            |            |
| (Clinistix, Clinitest, Diastix, Ketostix) |                      |                                |            |            |            |